

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 19, 2004 8:00 am
Secretary of State

05-19-2004 90238 031 ****55.00

DOCUMENT # L01000009394

1. Entity Name
TRIPLE F HARVESTING, LLC



Principal Place of Business

**301 SPANISH TRAIL SW
LABELLE, FL 33935**

Mailing Address

**P.O. BOX 2727
LABELLE, FL 33975**

44076627



04052004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1123000

Applied For
Not Applicable

5. Certificate of Status Desired ☒

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FLORES, JUAN P
301 SPANISH TRAIL SW
LABELLE, FL 33935**

**400 SR 29S
FELDA, FL 33930**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
FLORES, JUAN G
PO BOX 2727
LABELLE, FL 33975**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**STD
FLORES, JUAN P
PO BOX 2727
LABELLE, FL 33975**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
FLORES, JOSE
PO BOX 2727
LABELLE, FL 33975**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
FLORES, REFUGIO
PO BOX 2727
LABELLE, FL 33975**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

05/13/04 863.075.4924